

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF GEORGIA

Case number (if known) Chapter **11**☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Frontline Internal Medicine, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) **46-3139111**

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

**6 Coach Lee Hill Boulevard  
Statesboro, GA 30458**

Number, Street, City, State &amp; ZIP Code

**Bulloch**

County

**PO Box 1489  
Statesboro, GA 30459**

P.O. Box, Number, Street, City, State &amp; ZIP Code

**Location of principal assets, if different from principal place of business**

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL) **www.frontlineinternalmed.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor

Frontline Internal Medicine, LLC

Case number (if known)

Name

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**

8011**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Frontline Internal Medicine, LLC**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

- ☐ No

- ☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

**Frontline Internal Medicine, LLC**

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

June 20, 2024

MM / DD / YYYY

X /s/ Ogechi H. Mbakwe

Signature of authorized representative of debtor

Ogechi H. Mbakwe

Printed name

Title

Managing Member

18. Signature of attorney

X /s/ Wesley J. Boyer

Signature of attorney for debtor

Date

June 20, 2024

MM / DD / YYYY

Wesley J. Boyer

Printed name

Boyer Terry LLC

Firm name

348 Cotton Avenue, Suite 200

Macon, GA 31201

Number, Street, City, State & ZIP Code

Contact phone

(478) 742-6481

Email address

Wes@BoyerTerry.com

073126 GA

Bar number and State

**Fill in this information to identify the case:**Debtor name Frontline Internal Medicine, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 20, 2024**X /s/ Ogechi H. Mbakwe**

Signature of individual signing on behalf of debtor

**Ogechi H. Mbakwe**

Printed name

**Managing Member**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Frontline Internal Medicine, LLC**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF GEORGIA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Accuhealth Technologies, LLC 200 S 10th Street, Suite 103, Box 130 McAllen, TX 78501						\$52,929.50
American Express PO Box 60189 City of Industry, CA 91716-0189						\$14,653.00
Amerisource Bergen Besse Medical 9075 Centre Pointe Drive, Suite 140 West Chester, OH 45069						\$63,660.42
Balboa Capital, division of Ameris Bank 575 Anton Blvd., Suite 1080 Costa Mesa, CA 92626						\$121,824.00
Cardinal Health 233 Mason Road La Vergne, TN 37086						\$8,241.02
Healix Infusion Therapy, LLC 14140 Southwest Freeway, Suite 400 Sugar Land, TX 77478						\$250,000.00
LCA Bank Corporation (Cynosure)						\$100,000.00

Debtor **Frontline Internal Medicine, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>McKesson Specialty Care Distribution LLC</b>						<b>\$695,508.62</b>
<b>Meridian Equipment Finance, LLC</b>						<b>\$178,904.08</b>
<b>Navitas Credit Corp.</b>						<b>\$233,366.41</b>
<b>Renasant Bank PO Box 4140 Tupelo, MS 38803-4140</b>						<b>\$36,326.80</b>
<b>Tax Commissioner of Bulloch County 113 N. Main Street, Suite 101 Statesboro, GA 30458</b>						<b>\$8,009.07</b>



Frontline Internal Medicine, LLC  
PO Box 1489  
Statesboro GA 30459

LCA Bank Corporation (Cynosure)

Wesley J. Boyer  
Boyer Terry LLC  
348 Cotton Avenue, Suite 200  
Macon, GA 31201

McKesson Specialty Care Distribution LLC

Accuhealth Technologies, LLC  
200 S 10th Street, Suite 103, Box 130  
McAllen TX 78501

McKesson Specialty Care Distribution LLC  
c/o Craig G. Kunkes, Esq.  
Robbins Alloy Belinfante Littlefield LLC  
500 14th Street, NW  
Atlanta GA 30318

American Express  
PO Box 60189  
City of Industry CA 91716-0189

Meridian Equipment Finance, LLC

Amerisource Bergen Besse Medical  
9075 Centre Pointe Drive, Suite 140  
West Chester OH 45069

Meridian Equipment Finance, LLC  
c/o Robert L. Saldutti, Esq.  
Saldutti Law Group  
1700 Market Street, Suite 1005  
Philadelphia PA 19103

Balboa Capital, division of Ameris Bank  
575 Anton Blvd., Suite 1080  
Costa Mesa CA 92626

Navitas Credit Corp.

Cardinal Health  
233 Mason Road  
La Vergne TN 37086

Navitas Credit Corp.  
c/o Lauri S. Darwin, Esq.  
Lauri S. Darwin, Attorney-At-Law, LLC  
PO Box 65  
Glendale SC 29346

Healix Infusion Therapy, LLC  
14140 Southwest Freeway, Suite 400  
Sugar Land TX 77478

Renasant Bank  
PO Box 4140  
Tupelo MS 38803-4140

Healix Infusion Therapy, LLC  
c/o Lauren E. Hayes  
Husch Blackwell, LLP  
111 Congress Avenue, Suite 1400  
Austin TX 78701

Tax Commissioner of Bulloch County  
113 N. Main Street, Suite 101  
Statesboro GA 30458

LCA Bank Corporation  
c/o Stephen B. Elggren, Esq.  
Stephen B. Elggren, PC  
PO Box 1726  
Draper UT 84020

**United States Bankruptcy Court  
Southern District of Georgia**

In re **Frontline Internal Medicine, LLC**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Frontline Internal Medicine, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**June 20, 2024**

Date

**/s/ Wesley J. Boyer**

**Wesley J. Boyer**

Signature of Attorney or Litigant

Counsel for **Frontline Internal Medicine, LLC**

**Boyer Terry LLC**

**348 Cotton Avenue, Suite 200**

**Macon, GA 31201**

**(478) 742-6481 Fax:(770) 200-9230**

**Wes@BoyerTerry.com**